PATENT APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::
Filing Date::
Application Type: **Utility**
Subject Matter::
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: **None**
Number of CD Disks::
Number of copies of CDs::
Sequence submission?: **Paper**
Computer Readable
Form (CRF)?::**Yes**
Number of copies of CRF:: **1**
Title: **Compositions and Methods for Treatment of Pouchitis**
Attorney Docket Number:: **ISIC0008-100/FMDL0001US**
Request for Early Publication?:: **No**
Request for Non-Publication?:: **No**
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: **No**
Secrecy Order in Parent Appl.?:: **No**

INVENTOR INFORMATION

Inventor Authority Type:: **Inventor**
Primary Citizenship Country:: **United States of America**

Status::

Given Name::**Mark**

Middle Name:: **K.**

Family Name:: **Wedel**

Name Suffix::

City of Residence:: **Temecula**

State or Prov. of Residence:: **California**

Country of Residence:: **United States of America**

Street:: **46420 Volvare Road**

City:: **Temecula**

State or Province:: **California**

Country:: **United States of America**

Postal or Zip Code:: **92590**

Inventor Authority Type:: **Inventor**

Primary Citizenship Country: **United States of America**

Status::

Given Name:: **Philip**

Middle Name:: **P.**

Family Name:: **Miner**

Name Suffix:: **Jr.**

City of Residence:: **Oklahoma City**

State or Prov. of Residence:: **Oklahoma**

Country of Residence:: **United States of America**

Street::**1813 Coventry Lane**

City:: **Oklahoma City**

State or Province:: **Oklahoma**

Country:: **United States of America**

Postal or Zip Code:: **73120**

CORRESPONDENCE INFORMATION

Correspondence Customer Number: **34138**

Name:: **Quan L. Nguyen, Esquire**

Cozen O'Connor

Street:: **1900 Market Street**

City:: **Philadelphia**

State or Province:: **Pennsylvania**

Postal or Zip Code:: **19103**

Phone number:: **215-665-2000**

Fax number: **215-665-2013**

E-mail address:: **qnguyen@cozen.com**

REPRESENTATIVE INFORMATION

Representative Customer No: **34138**

DOMESTIC PRIORITY INFORMATION

Application::**60/447,215** Continuity Type: **Provisional** Parent Filing Date: **02/13/03**

Application: **60/518,053** Continuity Type: **Provisional** Parent Filing Date: **11/07/03**

FOREIGN PRIORITY INFORMATION

ASSIGNMENT INFORMATION

Assignee name:: **ISIS Pharmaceuticals, Inc.**

Street:: **2292 Faraday Avenue**

City:: **Carlsbad**

State or Province:: **California**

Country:: **United States of America**

Postal or Zip Code:: **92008**

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